

L14000014898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

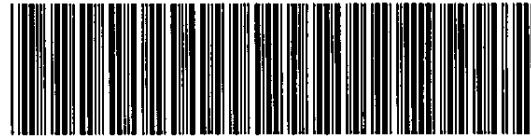
(Document Number)

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14 MAY -5 PM 4:55
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5/6/14
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2014

SICKSIR HOLDINGS, LLC
1800 THE GREENS WAY, #1403
JACKSONVILLE BEACH, FL 32250

SUBJECT: SICKSIR HOLDINGS, LLC
Ref. Number: L14000014898

We have received your document for SICKSIR HOLDINGS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 814A00005996

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SICKSIR HOLDINGS LLC
Name of Corporation

DOCUMENT NUMBER: L14000014898

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN STONE
Name of Contact Person

SICKSIR HOLDINGS LLC
Firm/Company

1800 THE GREENS WAY #1403
Address

JACKSONVILLE BEACH, FLORIDA, 32250
City/State and Zip Code

SICKSIRHOLDINGS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN STONE at (904) 403-9810
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SICKSIE HOLDINGS, LLC

2. (a) 1800 THE GREENS WAY #1403 (b) SAME
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

JACKSONVILLE BEACH FL 32250

1/28/14

L14000014898

3. 1/28/14 Date of filing/registration in Florida 4. L14000014898 Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

FL

(b) STEVEN STONE
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1800 THE GREENS WAY #1403

NEW Registered Office Address:

JACKSONVILLE BEACH, FL 32250

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

STEVEN STONE
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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